



Application for Employment with the City of Inverness

Administration Office
212 W. Main Street
Inverness, FL 34450
(352) 726 2611

We consider applicants for all positions, without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For _____ Date of Application _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip _____

Contact Number _____ email address (optional) _____

How did you learn about the opening? _____

Best time to contact you at telephone number above? _____

If under 18 years of age, can you provide required proof of your eligibility to work? (Circle one) Yes No
(Proof of citizenship or immigration status will be required upon employment)

Have you ever filed an application with us before? (Circle one) Yes No If Yes, give date _____

Have you ever been employed with us before? (Circle one) Yes No If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? (Circle one) Yes No

Are you currently employed? (Circle one) Yes No

May we contact your present employer? (Circle one) Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Have you ever been convicted of a felony? (Circle one) Yes No

Date available for work _____ - _____ - _____ Desired salary range? _____

Are you currently on "lay off" status and subject to recall? (Circle one) Yes No

Can you travel if a job requires it? (Circle one) Yes No

When are you available to work? _____ Full Time _____ 1st Shift _____ 2nd Shift _____ 3rd Shift

(Check all that apply): _____ Part-Time _____ Mornings _____ Afternoon _____ Evenings

_____ Temporary Dates Available: _____ to _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Work Experience

Employer Name

Address:

Job Title

Reason for Leaving:

Work Performed:

Employment Dates:

Starting Salary:

Ending Salary:

Phone Number

Supervisor:

Employer Name

Address:

Job Title

Reason for Leaving:

Work Performed:

Employment Dates:

Starting Salary:

Ending Salary:

Phone Number:

Supervisor:

Employer Name

Address:

Job Title

Reason for Leaving:

Work Performed:

Employment Dates:

Starting Salary:

Ending Salary:

Phone Number:

Supervisor:

Employer Name

Address:

Job Title

Reason for Leaving:

Work Performed:

Employment Dates:

Starting Salary:

Ending Salary:

Phone Number:

Supervisor:

Education	Name & Address of School	Graduate (circle one)	Years Completed	Diploma/Degree
High School		Yes No		
College		Yes No		
Graduate/ Professional		Yes No		
Other (specify)		Yes No		

Specialized Skills

Computer Knowledge: (Check box best describing level of skill)	None	Basic	Proficient
-Microsoft Word			
-Excel			
-MUNIS			
-PT Win			

Computer Knowledge: (Check box best describing level of skill)	None	Basic	Proficient
-Outlook (email, calendar, contacts)			
-Outlook, (tasks, journal, notes)			
-Internet Use			
-Other:			

List any mechanical equipment/skills, if applicable:

Describe any other specialized training, apprenticeship, skills (including military):

List any professional, trade, business or civic activities:

State any additional information you feel may be helpful in considering your application:

References: Please provide three references, other than relatives, whom we may contact:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job position(s) for which you applied? (Check One) _____ Yes _____ No

Applicant's Statement:

- I certify that answers given herein are true and complete.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.
- I understand when submitted, the application and contents are a public document and subject to review by the public and media upon request.

Signature of Applicant

Date

Personnel Department

Arrange Interview _____ Yes _____ No

Remarks: _____

Interviewer _____ Date _____

Employ _____ Yes _____ No Date of Employment _____

Job Title _____ Department _____

Hourly Rate/Salary _____ By _____

Name & Title

Date